



# Application for Change/Transfer of Water Right

For Ecology Use  
(Date Stamp)

14 FEB -3 8:45

For filing with the Department of Ecology or with County Conservancy Boards

A NON-REFUNDABLE MINIMUM FEE OF \$50.00 MUST ACCOMPANY THIS APPLICATION  
IF FILED WITH THE DEPARTMENT OF ECOLOGY

(Check all that apply.)

- ☐ Change purpose(s) of use
- ☐ Add purpose(s) of use
- ☐ Change point(s) of diversion/withdrawal
- ☐ Add point(s) of diversion/withdrawal
- ☒ Change/transfer place of use
- ☐ Other (i.e. consolidation, intertie, trust water)

Explain: \_\_\_\_\_

\*\*IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  
SHEETS (PLEASE PRINT OR TYPE CLEARLY)\*\*

## FOR OFFICIAL USE ONLY

DATE APPLICATION RECEIVED 2/3/2014  
CHECK NO. \_\_\_\_\_ FEE \$ \_\_\_\_\_  
DATE ACCEPTED 2/11/2014 BY aw  
CHANGE NO. C63\*06169C@3  
COUNTY Walla Walla WRIA 32  
SPECIAL AREA \_\_\_\_\_  
SEPA: ☒ EXEMPT ☐ NOT EXEMPT  
ECY CODING: 001-002-WR10285-000011  
APP NO. 6169 PERMIT NO. 5813  
CERT NO. 4486-A CERT OF CHG NO. \_\_\_\_\_

☐ I have participated in a pre-application conference with Ecology.

## 1. Applicant Information

APPLICANT/BUSINESS NAME <u>Greta Hassler</u>	PHONE NO. <u>509-529-2769</u>	FAX NO.
ADDRESS <u>1581 McDonald</u>		
CITY <u>Touchet</u>	STATE <u>WA</u>	ZIP CODE <u>99360</u>
EMAIL ADDRESS (IF AVAILABLE)		

CONTACT (IF DIFFERENT FROM ABOVE)	PHONE NO.	FAX NO.
ADDRESS		
CITY	STATE	ZIP CODE
EMAIL ADDRESS (IF AVAILABLE)		

LEGAL LAND OWNER or PART OWNER OF PROPOSED PLACE OF USE <u>Greta Hassler</u>	PHONE NO. <u>509-529-2769</u>	FAX NO.
ADDRESS <u>1581 McDonald Rd</u>		
CITY <u>Touchet</u>	STATE <u>WA</u>	ZIP CODE <u>99360</u>
EMAIL ADDRESS (IF AVAILABLE) <u>NA</u>		

## 2. Water Right Information

WATER RIGHT OR CLAIM NUMBER <u>GWC 4486-A, with Chg ROE dated 6/20/2003</u>	RECORDED NAME(S) <u>Hassler Ranch</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS: _____	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established.  
Also, if you have a water system plan or conservation plan, please include a copy with your application.



3. Point(s) of Diversion/Withdrawal: No Change

A. Existing

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

B. Proposed

SOURCE	NO.	¼	¼	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use: No Change

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

The N½ and that part of the SW¼ lying north of Mud Creek, all in Section 3, T. 6 N.,R. 34 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:

The NW¼, the S½NE¼, the NW¼NE¼, and that part of the SW¼ lying north of Mud Creek; all lying within Section 3, T. 6 N.,R. 34 E.W.M.

And, part of the N½ of the SE¼, and part of the N½S½ of the SE¼ of Section 4, T. 6 N.,R. 34 E.W.M.

¼	¼	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES

DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? ☒ YES ☐ NO

IF NO, PROVIDE OWNER(S) NAME: \_\_\_\_\_

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ ES ☐ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): WWAC 192, SWC 7730, SWC 9411, SWC 10334, GWC 4486-A, G3-24732C, G3-25251C



6. Remarks and Other Relevant Information:

IF FOR SEASONAL OR TEMPORARY, START DATE ____/____/____ END DATE ____/____/____

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. For further information, contact: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477. Phone (360) 570-3265.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I hereby grant staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in preparing this above application, I understand that all responsibility for the accuracy of the information rests with me.

<u>Greta Hassler</u> Applicant Printed Name – Title	<u>Greta Hassler</u> Applicant Signature	<u>1/20/2014</u> (Date)
<u>Greta Hassler</u> Water Right Holder Printed Name	<u>Greta Hassler</u> Water Right Holder Signature	<u>1/20/2014</u> (Date)
<u>Greta Hassler</u> Land Owner of Existing Place of Use Printed Name	<u>Greta Hassler</u> Land Owner of Existing Place of Use Signature	<u>1/20/2014</u> (Date)
<u>Greta Hassler</u> Land Owner of Proposed Place of Use Printed Name	<u>Greta Hassler</u> Land Owner of Proposed Place of Use Signature	<u>1/20/2014</u> (Date)

Please check the region in which the project is located:

<b>*Submit your application to:</b>  * DEPARTMENT OF ECOLOGY CASHIERING SECTION PO BOX 47611 OLYMPIA, WA 98504-7611	<input type="checkbox"/> Central Regional Office 15 W Yakima Avenue, Suite 200 Yakima, WA 98902 (509) 575-2490	<input checked="" type="checkbox"/> Eastern Regional Office 4601 N. Monroe Street Spokane, WA 99205-1295 (509) 329-3400
	<input type="checkbox"/> Northwest Regional Office 3190 – 160 <sup>th</sup> Avenue SE Bellevue, WA 98008-5452 (425) 649-7000	<input type="checkbox"/> Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 (360) 407-6300

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED
- ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED
- ☐ SECTION \_\_\_\_\_ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: \_\_\_\_\_

STAFF: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_